

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-026092

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6978

STATE FILE NUMBER

FILED JUL 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

St. Louis

c. CITY

OR TOWN

University City

Inside Limits

Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

Bernard Nursing Home

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

7702 Washington

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Rose

Middle

Jacoby

Last

Lazarus

4. DATE OF DEATH

Month

Day

Year

July 4, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

6-2-80

9. AGE (last birthday)

83

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

St home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

London, England

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Unknown

13b. MOTHER'S MAIDEN NAME

Unknown

14. NAME OF HUSBAND OR WIFE

Morris Lazarus

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Robert Lazarus, 7002 Washington

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

C.V.A.

Conditions, if any, which gave rise to above cause (b), during the underlying cause (c)

DUE TO (b)

Arteriosclerosis, cerebral

DUE TO (c)

331X F

INTERVAL BETWEEN ONSET AND DEATH

1 day

7 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Fracture hip

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

1946 to Present

and last saw her alive on

7/2/63

Death occurred at

11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Druggist or title)

22b. ADDRESS

4409 W Oak

22c. DATE SIGNED

7/1/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

7-7-63

23c. NAME OF CEMETERY OR CREMATORY

B'nai Amoona Cemetery

23d. LOCATION (City, town, or county)

St. Louis, County Mo.

24. FUNERAL DIRECTOR

ADDRESS

Herman Rindskopf Inc. 5216 Delmar

25. DATE RECD. BY LOCAL REG.

JUL 5 1963

26. REGISTRAR'S SIGNATURE

Head Smith. M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Peter B. Dubrouillard

Licensed Embalmer No.

3691

P. O. Address

St. Louis, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.